

Department of Health and Human Services

Assertive Community Treatment (ACT) Self-Fidelity Response

CMHC:	Center for Life Management (CLM)
DHHS 2 nd Response Date:	12/1/2016 2 nd response 1/24/17

Executive Summary:

Thank you for this ACT Fidelity Report, the thorough self-evaluation, and your ongoing efforts to provide high quality services to consumers with psychiatric disabilities.

Some areas of CLM's review require additional information to substantiate the rating. Additionally, the ratings for several other items did not align with the information provided. Please consider our comments on these items, and then update your review and your report for the following:

- H2 Team Approach - insufficient information.
- 07 Time unlimited services - CLM report noted 4 graduates out of 54 served in the past year (7.5%) rather than <1% noted, suggesting that the score is 4 rather than 5.
- S8 - It appears CLM warrants a higher rating on this item.
- S10 -Role of Consumers on the Team – Vacant positions are not rated even if the PSS was filled for 5 of the last 12 months, suggesting a rating may be 3 rather than a 4.

Below are the items rated 3 or less that we recommend for priority focus. Please update your "Areas of focus" section to include specific action steps and target completion timelines for all items in the Areas of focus section.

- H5 Continuity of staffing: 3 out of 5,
- H7 Psychiatrist on team: 2 out of 5,
- H10 Vocational specialist on team: 2 out of 5,
- S4 Intensity of service: 3 out of 5,
- S5 Frequency of contact: 3 out of 5,
- S6 Work with informal support system: 2 out of 5,
- S8 Co-Occurring disorder treatment groups: 1 out of 5

The following items met fidelity but remain in our view important to highlight and consider:

- H1 Small caseload - The consumer to staff ratio 5.3:1 is small and so the team has capacity to increase ACT enrollment to serve at least 35 more consumers and still support a 5 score.
- 02 Intake rate - Very low given the small caseload. A tripled rate of up to 6 intakes per month would still support a high fidelity rating of 5.

We commend you for providing an ACT service that includes co-occurring stagewise substance abuse treatment. We also commend you for particular great fidelity in the following areas:

- 04 Responsibility for crisis services

- 05 responsibility for Hospital Admissions
- 06 Responsibility for hospital discharge planning.

Please update your review and update your Areas of Focus section with details, action steps, and timelines linked back to the scale items. Also, please prioritize which areas CLM will focus on for improvement. Prioritized Areas of Focus will provide a basis for technical assistance and follow-up activities with BMHS.

Please submit an updated Fidelity Review to Michele Harlan by December 16, 2016.

Thank you for your 2nd response on 12/19/2016 with an updated, corrected and amended CMHC ACT Fidelity Report originally dated October 31, 2016. Upon review we have determined that CLM is substantially in compliance with the purpose and intent of the self-fidelity process. We have updated the DHHS response herein accordingly.

Additionally the Areas of Focus section in your 12/19/ 2016 report is acceptable with details, action steps, and timelines linked back to the scale items and prioritized the elements that CLM will focus on for improvement. These prioritized Areas of Focus will be the basis for technical assistance and follow-up activities with BMHS.

We continue to disagree with your finding in item S10. Our stance is that since the Peer Support position is vacant and has been vacant for the most recent 7 of 12 months, then there has been no peer support specialist available to deliver those critical services to ACT consumers for most of the year, then the role of consumers on the team is null. Additionally because program staffing related items elsewhere in the scale disallow positions to be considered where staff have been on leave for more than a month (H6) or on extended absence for more than 3 months (H5, H8-11). If this review were by BMHS staff it is likely we would score this item a 1.

The Areas of Focus will be the basis for any technical assistance and follow-up activities with BMHS. Please provide an update on your improvement activities quarterly, beginning March, 2017.

This CMHC self-review resulted in an Implementation rating of:		Fair, FAIR	
Out of a possible 140 points the CMHC reported a score of:		111, Updated score: 112	
DHHS Response:	X	Compliance Plan Required	CMHC is in Compliance
			X No further action needed
			Resubmit: Address items:
Score Range		Implementation Rating	
113 – 140		Good Implementation	
85 – 112		Fair Implementation	
84 and below		Not Assertive Community Treatment	

Human Resources: Structure and Composition

H1 Small caseload: Consumer/provider ratio = 10:1	Rating = 5 out of 5
DHHS Response:	Agree - 5.3:1 current ratio. The team is currently overstaffed for number of clients. Team has capacity to increase ACT enrollment. We hope to see increased enrollment as an area of focus.

H2 Team approach: Provider group functions as team rather than as individual ACT team members; ACT team members know and work with all consumers	Rating = 5 out of 5 Rating = 4 out of 5
DHHS Response:	Not Assessed - Insufficient information to assess this score. Provide at least the computed % of ACT consumers who have contact with more than one ACT staff member in a two-week period. AGREE

H3 Program meeting: Meets often to plan and review services for each consumer	Rating = 4 out of 5 Rating = 5 out of 5
DHHS Response:	Agree AGREE – Your consensus scoring rated this item a 5 however you did not reflect that value on the H3 item of the original or resubmitted report.

H4 Practicing ACT leader: Supervisor of Frontline ACT team members provides direct services	Rating = 4 out of 5
DHHS Response:	Agree

H5 Continuity of staffing: Keeps same staffing over time	Rating = 3 out of 5
DHHS Response:	Agree

H6 Staff capacity: Operates at full staffing	Rating = 4 out of 5
DHHS Response:	Agree – The ACT Clinical Supervisor and Team Leader were included however it is unclear how these positions are differentiated or may overlap.

H7 Psychiatrist on team: At least 1 full-time psychiatrist for 100 consumers works with program	Rating = 2 out of 5
DHHS Response:	Agree

H8 Nurse on team: At least 2 full-time nurses assigned for a 100-consumer program	Rating = 5 out of 5
DHHS Response:	Agree

H9 Substance abuse specialist on team: A 100-consumer program with at least 2 staff members with 1 year of training or clinical experience in substance abuse treatment	Rating = 5 out of 5
DHHS Response:	Agree

H10 Vocational specialist on team: At least 2 team members with 1 year training/experience in vocational rehabilitation and support	Rating = 2 out of 5
DHHS Response:	Agree

H11 Program size: Of sufficient absolute size to consistently provide necessary staffing diversity and coverage	Rating = 4 out of 5
DHHS Response:	Agree

Organizational Boundaries

O1 Explicit admission criteria: Has clearly identified mission to serve a particular population. Has and uses measurable and operationally defined criteria to screen out inappropriate referrals.	Rating = 5 out of 5
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DHHS Response:	Agree
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02 Intake rate: Takes consumers in at a low rate to maintain a stable service environment.	Rating = 5 out of 5
DHHS Response:	Acceptable – Very Low intake rate – Please note that up to 6 intakes/month is high fidelity on this aspect of ACT. Recommend increasing the intake rate to no more than 6 per month.

03 Full responsibility for treatment services: In addition to case management, directly provides psychiatric services, counseling/ psychotherapy, housing support, substance abuse treatment, employment and rehabilitative services.	Rating = 4 out of 5
DHHS Response:	Agree

04 Responsibility for crisis services: Has 24-hour responsibility for covering psychiatric crises.	Rating = 5 out of 5
DHHS Response:	Agree – Outstanding

05 Responsibility for hospital admissions: Is involved in hospital admissions.	Rating = 5 out of 5
DHHS Response:	Agree

06 Responsibility for hospital discharge planning: Is involved in planning for hospital discharges.	Rating = 5 out of 5
DHHS Response:	Agree

07 Time-unlimited services (graduation rate): Rarely closes cases but remains the point of contact for all consumers as needed.	Rating = ?5 out of 5 Rating = 4 out of 5
DHHS Response:	Disagree – CLM report note 4 graduates out of 54 served in the past year and that is 7.5% rather than <1% noted. Anticipates 1-2 graduates this year – score should be 4 out of 5 based on past year numbers. Also, please indicate whether you have a policy of time-unlimited ACT service.

	AGREE
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Nature of Services

S1 Community-based services: Works to monitor status, develop community living skills in community rather than in office.	Rating = 4 out of 5
DHHS Response:	Agree

S2 No dropout policy: Retains high percentage of consumers.	Rating = 4 out of 5
DHHS Response:	Agree

S3 Assertive engagement mechanisms: As part of ensuring engagement, uses street outreach and legal mechanisms (probation/parole, OP commitment) as indicated and as available.	Rating = 5 out of 5
DHHS Response:	Agree

S4 Intensity of service: High total amount of service time, as needed.	Rating = 3 out of 5
DHHS Response:	Agree. From sample of charts provided, CLM ACT Team averages 62 minutes per week of direct face-to-face time with consumers. Please note that the latest quarterly report of Phoenix data reported an averaged of 98 minutes/week per ACT client.

S5 Frequency of contact: High number of service contacts, as needed.	Rating = 3 out of 5
DHHS Response:	Agree. From sample of charts provided, CLM ACT Team averages 2 face-to-face contacts per week. Please note that the latest quarterly report of the Phonix encounber data reported an average of 3.9 encounters/week per ACT client in the ACT cost center.

S6 Work with informal support system: With or without consumer present, provides support and skills for consumer's support network: family, landlords, employers.	Rating = 2 out of 5
DHHS Response:	Agree

S7 Individualized substance abuse treatment: 1 or more team members provides direct treatment and substance abuse treatment for consumers with substance-use disorders.	Rating = 4 out of 5
DHHS Response:	Agree

S8 Co-Occurring disorder treatment groups: Uses group modalities as treatment strategy for consumers with substance-use disorders.	Rating = ?1 out of 5 Rating = 2 out of 5
DHHS Response:	Acceptable, but CLM warrants a rating of 2, as 1/21 consumers attended group, which rounds up to 5%. AGREE

S9 Dual Disorders (DD) Model: Uses a non-confrontational, stage-wise treatment model, follows behavioral principles, considers interactions of mental illness and substance abuse, and has gradual expectations of abstinence.	Rating = 4 out of 5
DHHS Response:	Agree

S10 Role of consumers on team: Consumers involved as team members providing direct services.	Rating = ?4 out of 5 Rating = 4 out of 5
DHHS Response:	Disagree – Currently vacant does not rate even if the PSS was filled for 5 of the last 12 months. The rating might be a 3. See remarks last paragraph under Executive Summary. DHHS would rate this item differently